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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Doctoral Number

091839784

CLAIMS AS FILED - PART I

(Continuing 11)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FIXED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(e))				\$ _____		\$ _____
TOTAL CLAIMS (37 CFR 1.16(e))	minus 20 =		X \$ _____ =		X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(d))	minus 3 =		X \$ _____ =		X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))	+ \$ _____ =		+ \$ _____ =	
			TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter '0' in column 2.						

If the difference in column 1 is less than zero, enter 'T' in column 3.

1010

CLAIMS AS AMENDED – PART II

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT # <u>11/28/05</u>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
	Total (1) CFR 1.10(d)	29	Minus	30	"	X \$ <u> </u> = <u> </u>	X \$ <u> </u> = <u> </u>		
	Independent (1) CFR 1.10(b)	4	Minus	4	"	X \$ <u> </u> = <u> </u>	X \$ <u> </u> = <u> </u>		
						+ \$ <u> </u> = <u> </u>	OR	+ \$ <u> </u> = <u> </u>	
						TOTAL ADDL-FEE	OR	TOTAL ADDL-FEE	

11. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

		(Column 1)	(Column 2)	(Column 3)		
AMENDMENT 5	5-8-06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total 37 CFR 1.1(d)(1)	29	Minus	30	0	
	Independent 37 CFR 1.1(d)(3)	4	Minus	2	0	
	FIRST PRESENTATION OF MAJOR, SIMPLE DEPENDENT CLAIM (37 CFR 1.1(d))					
			RATE	ADDI- TIONAL FEE		
			X \$	=		
			X \$	=		
			+ \$	=		
			TOTAL ADDL FEE			
			OR	X \$	=	
			OR	X \$	=	
			OR	+ \$	=	
			OR	+ \$	=	
				TOTAL ADDL FEE		

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
81-69						
Total (3 CFR 1.16(d))	29	Minus	30	0	X \$ ____ =	
Independent (3 CFR 1.16(h))	4	Minus	4	0	X \$ ____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3 CFR 1.16(g))						
						OR X \$ ____ =
						OR X \$ ____ =
						OR X \$ ____ =
						OR X \$ ____ =
TOTAL ADD'L FEE						

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The following table is provided for your convenience.

- If the entry in column 1 is less than the entry in column 2, write 'W' in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application (long to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.